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Jeffrey S. Ellsworth

October 3, 2003

00727 U.S.PTO
10/679237
10/03/03

UTILITY PATENT APPLICATION TRANSMITTAL
(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: WMMG 3566
First Named Inventor: Terrence R. Burke
Title: ADAPTER CLAMP FOR AEROSOL CAN

Express Mail Label Number: EV 272755386 US

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form
(original and duplicate)
2. ☐ Applicant claims small entity status
3. ☒ Specification [Total Pages 14]
4. ☒ Drawings [Total Sheets 4]
5. Oath or Declaration [Total Pages 4]
 - a. ☒ Newly executed (original or copy)
☐ New (unexecuted)
 - b. ☐ Copy from a prior application
(for continuation/divisional with
Box 19 completed)
 - i. ☐ DELETION OF INVENTOR(s)
Signed statement attached
deleting inventor(s) named
in prior application.

6. ☐ Incorporation By Reference
(useable if Box 5b is marked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
7. ☒ Application Data Sheet
8. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Assignment Papers (cover sheet & document(s))
11. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney
12. ☐ English Translation Document (if applicable)
13. ☐ IDS with PTO/SB/O8A ☐ Copies of IDS Citations
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard
16. ☐ Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17. ☐ Certified Copy of Priority Document(s) if foreign priority is claimed
18. ☐ Other: _____

IF A CONTINUING APPLICATION, CHECK APPROPRIATE BOXES AND SUPPLY THE REQUISITE INFORMATION

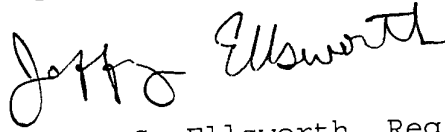
19. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part of prior application No.: _____
- ☐ Complete Application based on provisional Application No. _____

Prior application information: Examiner:
Group Art Unit:

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 321
Attention: Jeffrey S. Ellsworth

Respectfully submitted,

A handwritten signature in cursive script that reads "Jeffrey S. Ellsworth". The signature is written in dark ink and is positioned above the printed name.

Jeffrey S. Ellsworth, Reg. No. 51,650

JSE/kll

FEE TRANSMITTAL

Application Number FILED HERewith
Filing Date FILED HERewith
Inventors Burke et al.
Attorney Docket Number WMMG 3566

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
- ☒ The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
- ☐ Applicant claims small entity status.
2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☒ BASIC FILING FEE Subtotal (1) \$ 770.00
(Type: Utility)
2. ☐ EXTRA CLAIM FEES Subtotal (2) \$ _____
Total Claims _____
Independent Claims _____
Multiple Dependent Claims _____
3. ☒ ADDITIONAL FEES Subtotal (3) \$ 40.00
 - ☐ Surcharge - late filing fee or oath
 - ☐ Surcharge - late provisional filing fee or cover sheet
 - ☐ Extension for reply within _____ month
 - ☐ Notice of Appeal
 - ☐ Filing a Brief in Support of an appeal
 - ☐ Request for ex parte Reexamination
 - ☐ Petitions to the Commissioner
 - ☐ Submission of Information Disclosure Statement
 - ☒ Recording each patent assignment per property
 - ☐ Request for Continued Examination
 - ☐ Other: _____

TOTAL AMOUNT OF PAYMENT \$ 810.00

Jeffrey S. Ellsworth 10/3/03
Jeffrey S. Ellsworth, Reg. No. 51,650 Date

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